REPUBLIC OF GHANA

What works? What fails?

FINDINGS FROM THE NAVRONGO COMMUNITY HEALTH AND FAMILY PLANNING PROJECT

NAVRONGO HEALTH RESEARCH CENTRE

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MAKING WHAT WORKS WORK

Dr. Abraham Hodgson, MB ChB, MPH, PHD, is Director of the Navrongo Health Research Centre. **Q**: *'Now we know what works and what fails, what next'?* ***A****: 'We're looking beyond what works to making what works work for others'.*

Which areas does the NHRC presently focus its research on and why?

The Centre investigates health problems facing the people of northern Ghana in order to advise policy decisions on possible interventions. Presently the Centre focuses research in the area of infectious diseases such as malaria, diarrhoea, respiratory tract infections (RTI), and cerebrospinal meningitis (CSM). We also focus on reproductive health and culturally related problems like female genital mutilation. Malaria, diarrhoea and acute respiratory infections (ARI) are the top three causes of ill health and death in children in the Kassena-Nankana District. CSM, which occurs in epidemics, leaves in its trail a lot of death and disability. The district has one of the highest infant and maternal mortality rates and the lowest family planning utilization figures in the country. By addressing the above issues, we hope to improve the lives of people in the district and the sub-region.

Dr. Hodgson addressing the concerns of the people

There has been a lot of emphasis on the Community Health and Family Planning Project (CHFP). Is that the first time that the Centre has fielded a project whose results have been used to formulate national policy?

Interestingly, this is the third time something like this has happened. As a matter of fact the first project that was run in this Centre, the Vitamin A Supplementation Trial (VAST), achieved similar results. VAST tried to find out the effect of repeated large doses of Vitamin A on child survival. Results of the study did show that if children were given Vitamin A supplementation their chances of survival would improve by 20%. This is now national policy. The Ministry of Health (MOH) has incorporated Vitamin A into the Expanded Programme on Immunization (EPI) and all small children are given Vitamin A to improve their chances of survival. The second one was the Bednet Trial which investigated the health benefits of sleeping under Permethrin-impregnated bednets. This also showed that sleeping under treated bednets reduces the incidence of malaria and cuts down child mortality by 17%. Permethrin-impregnated bednets are now being vigorously promoted throughout Ghana as a result of the results from the study carried out here.

Is the CHFP then just another research study whose results have informed policy?

The CHFP has its own unique features. The experiment studied the existing health delivery system and saw its deficiencies with the Community Health Nurses (CHN) who sat in static clinics expecting patients to come for therapy. The project then redesigned the package and relocated the CHN, after some orientation, to live in the communities among the people to provide doorstep services. There was another component of the study which used community-based volunteers for service delivery, in a bid to see what effect this would have on health indices. The third arm of the experiment combined the relocated nurse and the community volunteers whilst the fourth cell which continued with regular MOH services, served as the control. This study has shown very impressive results especially

in the combined cell of nurses and volunteers. Immunisation coverage improved sharply, family planning uptake rose and continued to rise steadily, fertility slumped, and infant morbidity and mortality fell drastically. This explains why the experiment is being proclaimed across the country as an effective way of improving access to health care for underserved populations.

Why do you think the CHO agreed to go and live in the villages?
We got the CHN to understand that if they remained at the sub-district health centres their services would remain forever out of reach of the very people they have been trained to serve. Of course there were some who saw relocating to the village as an experience worth going through. Fortunately for us, the first three CHO who volunteered to go into the community discharged their duties credibly and the impact on the health of the people was immediately visible. The other nurses took a cue from this. From that time on, everything seems to be going on well.

What made the CHFP succeed?
Many factors. First, the questions that were to be answered were critically reviewed. Secondly, the investigators of the project were very committed to the experiment. Thirdly, communities were deeply involved every step of the way. They identified with and took ownership of the project. As project consultants, the people knew what would work and what would fail—they have been vindicated.


Community members hold a round conference to discuss health issues

Is the Centre involved in scaling up the CHFP in the Kassena-Nankana District?
Our commitment to the people here is resolute because it is through their sacrifice that many people today enjoy efficient health care delivery throughout the country. Our immediate responsibility is to ensure that those who did not have the full benefit of the experiment receive services. We had foreseen that human resources would be a crucial issue so in collaboration with the District Health Administration, we launched the Day Community Health Nurses Training School initiative as an effective means of providing nurses for doorstep health care. The Kassena-Nankana District needs about 36 resident nurses but so far only 18 are deployed. We are working closely with the District Health Authorities to spread out in every community in the district.

How do you intend to tell the people in the district that the CHFP is winding up?
In reality the CHFP is not winding up—it will not end— because the work of the nurse and volunteers will continue in the communities as it has always been but only this time services would be delivered under a national programme—the CHPS Initiative. Nevertheless, we shall inform community members about the end of the beginning or the transition from CHFP to CHPS. This is an elaborate programme that has just started. We have to go through the same processes we went through at the start of the project. We would go round to all the chiefs and hold discussions with them. We would later hold durbars in the communities as we have always done, and clarify the results that have been achieved under the experiment. Though people know the experiment has brought beneficial results they do not know the fine details. We would seek their opinions on how to sustain the gains recorded. We would also organise a dissemination durbar for all the chiefs, political, and health authorities in the district as well as other stakeholders, and present the experimental results and the way forward. During this forum, as with the others, people would have the opportunity to ask questions, make contributions, and seek clarifications.

Send questions or comments to: What works? What fails?
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This series has been launched to share experiences with people in Ghana and elsewhere around the world about what has worked and what has failed in an experiment to make primary health care widely accessible to rural people. The Kassena-Nankana community, whose active participation made *The Navrongo Experiment* possible, are hereby duly acknowledged. This publication was made possible through support provided by the Office of Population, Bureau for Global Programs, Field Support & Research, U.S. Agency for International Development, under the terms of Award No. HRN-A-00-99-00010. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development. Additional support was provided by a grant to the Population Council from the Bill and Melinda Gates Foundation. The Community Health Compound component of the CHFP has been supported, in part, by a grant of the Vanderbilt Family to the Population Council.